



# CONTRACTORS STATE LICENSE BOARD

STATE OF CALIFORNIA

**Northern California:**  
Sacramento Intake & Mediation Center  
P.O. Box 269116, Sacramento, California 95826-9116  
1-800-321-CSLB (2752) FAX (916) 255-4449

**Southern California:**  
Norwalk Intake & Mediation Center  
12501 East Imperial Highway, Suite 620, Norwalk, California 90650  
1-800-321-CSLB (2752) FAX (562) 466-6064

[www.cslb.ca.gov](http://www.cslb.ca.gov)

## Consumer Complaint Form

PLEASE COMPLETE BOTH SIDES OF THIS FORM. TO HELP CSLB RESOLVE THIS COMPLAINT, ANSWER AS MANY QUESTIONS AS POSSIBLE.

1. YOUR NAME last first middle				2. CONTRACTOR NAME (as shown on contract/invoice)			
ADDRESS number street				LICENSE NO. USED			
city county state ZIP code				ADDRESS number street			
PHONE WHERE YOU CAN BE REACHED 8 a.m.–5 p.m. ( )				city state ZIP code			
HOME PHONE ( )		EMAIL ADDRESS		PHONE ( )		EMAIL ADDRESS	
1b. <input type="checkbox"/> I AUTHORIZE THE FOLLOWING PERSON TO HANDLE THE COMPLAINT ON MY BEHALF:				PERSON DEALT WITH			
NAME last first middle							
ADDRESS number street				3. HAVE YOU FILED IN COURT TO RECOVER DAMAGES ON THIS COMPLAINT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
city state ZIP code				IF SO, PLEASE ATTACH DOCUMENTATION WITH THIS FORM.			
PHONE 8 a.m.–5 p.m. HOME PHONE ( ) ( )							

### PROJECT INFORMATION

4. OWNER OF CONSTRUCTION SITE				5. CONSTRUCTION SITE ADDRESS number street			
address ZIP code				city county state ZIP code			
PHONE ( )				PHONE ( )			

6. DESCRIBE BRIEFLY THE WORK FOR WHICH YOU CONTRACTED

7. CONTRACT DATE	8. AMOUNT	9. AMOUNT PAID ON CONTRACT	10. DATE WORK STARTED	11. DATE WORK CEASED
12. WHY DID YOU CHOOSE THIS CONTRACTOR? <input type="checkbox"/> REGULAR CUSTOMER <input type="checkbox"/> DOOR-TO-DOOR SOLICITATION <input type="checkbox"/> ADVERTISEMENT (ENCLOSE COPY OF AD IF POSSIBLE)				
<input type="checkbox"/> REFERRED BY SOMEONE <input type="checkbox"/> OTHER—EXPLAIN:				
13. BRIEFLY STATE YOUR COMPLAINT				

PLEASE COMPLETE BOTH SIDES OF THIS FORM. (IF MORE ROOM IS NEEDED PLEASE ATTACH A SHEET OF PAPER.)

### FOR OFFICE USE ONLY

COMPLAINT NUMBER		TYPE CNST	I N V	O R G	PRTY	DATE RECEIVED MO DA YR			SPECIAL PROJECT	DT STAT EXP MO DA YR			CSR INIT	ASSIGNED TO CSR MO DA YR			ER INIT	ASSIGNED TO ER MO DA YR		
LICENSE NUMBER						CLOSURE LETTER		DISPOSITION		DATE CLOSED MO DA YR			STATUS CHANGE				STP			
SECTIONS VIOLATED						C		C		DATE			DATE		DATE		DATE			

## CSLB Consumer Complaint Form, Continued

PLEASE COMPLETE BOTH SIDES OF THIS FORM. TO HELP CSLB RESOLVE THIS COMPLAINT, ANSWER AS MANY QUESTIONS AS POSSIBLE.

14. Is this project a: ☐ Residence ☐ Commercial Building ☐ Other

15. Is this project a: ☐ Remodel ☐ Repair/Replace ☐ New Home

16. Was contract: ☐ Written ☐ Oral ☐ New Home Purchase Agreement

17. Were there any change orders? ☐ Yes ☐ No

If yes, were they: ☐ Written ☐ Oral ☐ Both

18. Is your complaint: ☐ Abandonment ☐ Workmanship ☐ Other

19. Building permit obtained by: ☐ Contractor ☐ You ☐ Do not know

Name of building department: \_\_\_\_\_

20. Who presented the contract? ☐ Salesperson ☐ Contractor ☐ Do not know

Name of salesperson: \_\_\_\_\_ Name of contractor: \_\_\_\_\_

21. Did your contractor or home improvement salesperson assist you in obtaining financing for this project? ☐ Yes ☐ No

22. Did the contractor have employees? ☐ Yes ☐ No ☐ If so, how many? \_\_\_\_\_

Names of employees, if known: \_\_\_\_\_

23. Were employees, subcontractors, or materialmen paid? ☐ Yes ☐ No ☐ Do not know

24. Were any liens filed on this job? ☐ Yes ☐ No

If yes, by whom? \_\_\_\_\_

25. What attempts have you made to contact the contractor? ☐ Unable to locate ☐ Personal contact  
☐ Telephone ☐ Letter (attach copies)

26. Have you obtained an estimate from another contractor to complete or correct the job? ☐ Yes ☐ No

27. Have you had the job completed or corrected? ☐ Yes ☐ No

If you answered yes to 26 or 27, please attach copies of the estimate and/or contract and provide the contractor's:

Name: \_\_\_\_\_ Phone number: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

PLEASE ATTACH COPIES OF BOTH SIDES OF ALL CONTRACTS, CANCELLED CHECKS, AND OTHER PERTINENT MATERIALS.  
DO NOT SEND ORIGINALS.

If you elect to file a confidential complaint against your contractor, CSLB cannot contact or question the contractor, which prevents CSLB from pursuing the complaint issues in many situations. The confidential option is usually applicable to third parties—for example, employer/employee, unlicensed contractor, or to those who wish only to provide information to the CSLB.

☐ I understand the above conditions and would like to keep my information confidential.

The information contained in this form is true, correct, and complete to the best of my knowledge. I will assist in the investigation or in the prosecution of the contractor or other parties, and will, if necessary, attend hearings and testify to facts.

28. SIGN HERE

29. DATE

THANK YOU FOR ASSISTING US IN OUR EFFORTS TO RESOLVE YOUR COMPLAINT.